

PROGRAM INTEGRITY INVESTIGATOR

This is professional investigative work in detecting, investigating, and reporting Medicaid fraud, abuse, and overutilization by Medicaid providers and recipients in the Division of Medical Assistance. Employees investigate provider operations throughout the State from complaints, allegations, or concerns received from providers, recipients, and government agencies. Work requires the employees to possess a working knowledge of the investigative process and current health, dental, or pharmaceutical practices. Employees receive technical and administrative supervision from a health care professional. Work may include other related tasks as determined by management.

I. DIFFICULTY OF WORK:

Complexity - Assignments are received from complaints and allegations, in which the employees must extract the pertinent information in order to investigate the complaint. In the preliminary investigation phase, employees compile and analyze information and statistics from various documentation sources, such as payment history, remittance, and records of dental, health care, or pharmaceutical complaints. If findings warrant further investigation, employees examine information and data obtained by a random sampling of claims, pricing profiles, provider payment history, etc. Employees may determine that a full investigation is indicated, including on-site surveillance of the provider's facility, 100% review of Medicaid medical and financial records, and interview of providers and recipients. Employees prepare a written summary report noting the findings, conclusions, and recommendations for disposition. Employees represent the agency as expert witnesses for the Attorney General's Office if the case goes to litigation.

Guidelines - Employees utilize a large number of policies, and State and federal laws and regulations governing Medicaid administration. Unusual deviations from the normal work process are discussed with the supervisor.

II. RESPONSIBILITY:

Accountability - Complaint resolution requires the analysis of information received from complaints and allegations in order to determine the scope and method of the investigation and to determine the existence/extent of a violation. Accuracy is required in reviewing Medicaid medical, dental and financial records as well as calculating recoupment costs. Employees must be able to interpret the rules and regulations of the law as it applies to individual cases; communicate effectively the application of the law; and exercise discretion in discussing violation of the law with providers and recipients.

Consequence of Action - Inappropriate technical advice could result in non-compliance with the law or misinterpretation of the Medicaid rules and regulations. Recommendations may result in recoupment of improperly paid claims, administrative sanction or provider suspension from participation in the Medicaid program, referral to medical consultants or the appropriate law enforcement agency.

Review - The unit supervisor and the Assistant Director of Program Integrity Section review all cases for completeness, adherence to procedure, technical accuracy, as well as timeliness and soundness of decision.

III. INTERPERSONAL COMMUNICATIONS:

Subject Matter - Most work processes are discussed with a higher level medical, dental, or pharmacy professional as well as division staff. Employees must possess a knowledge of Medicaid policy, rules, and regulations in addition to possessing a broad knowledge of pharmacy products, dental, or health practices and billing practices.

Purpose - Discussions with program integrity personnel deal primarily with the investigation process and technical advice. The communications with local pharmacies and other providers throughout the State involve the interpretation of Medicaid rules and regulations and discussions concerning financial and medical records. Employees may also interview recipients during the investigative process. '

IV. WORK ENVIRONMENT:

Nature of Working Conditions - Work is performed in an office setting or at the on-site location of the investigation. Work requires frequent travel.

Nature and Potential of Personal Hazards - Hazards are limited to those normally associated with travel. Work may involve dealing with angry or hostile providers.

V. RECRUITMENT STANDARDS:

Knowledges, Skills, and Abilities - Considerable knowledge of the guidelines, policies, laws, regulations, and manuals which set forth the Medicaid rules; general knowledge of medical, dental, and/or pharmacy terminology and processing techniques; general knowledge of drugs, medications, medical and/or dental procedures; general knowledge of legal principles and techniques of conducting investigations; ability to deal effectively with Medicaid providers; ability to communicate effectively in oral and written form.

Minimum Training and Experience for Medical Record Investigation and Pharmacy Investigation Roles - Graduation from a college or university with a four-year degree in a science or health field and two years of experience working in the Medicaid program with programmatic, review, or technical responsibilities; or an associate degree and four years of experience working in the Medicaid program with programmatic, review, or technical responsibilities; or an equivalent combination of training and experience.

Minimum Training and Experience for Dental Investigation Role - Graduation from a two, three, or four year program in Dental Hygiene and three years of experience in the Medicaid program with programmatic, review, or technical responsibilities, including two years in clinical dentistry; or an equivalent combination of training and experience.

Necessary Special Qualification - Licensed to practice as a dental hygienist in North Carolina.

Special Note - This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class, but may not be applicable to all positions.